



Consumer Affairs and Licensing

Mayor Martin J. Walsh

APPLICATION FOR A NON-LIVE ENTERTAINMENT LICENSE

Please fill out the following application in its entirety and return the completed application with all requested documentation to the Licensing Division. Failure to complete the application or failure to submit all required documentation in a timely manner will delay the processing of your application. THIS APPLICATION IS ONLY VALID FOR THE FOLLOWING TYPES OF ENTERTAINMENT:

Please identify with a checkmark the entertainment for which you are applying:

- | | |
|---|--|
| <input type="checkbox"/> Audio Device (ex. Radio, mp3 player, etc.) | <input type="checkbox"/> Table Games, # of games _____ (ex. Ping pong table, shuffle board, foosball, etc..) |
| <input type="checkbox"/> TV(s)/Monitor(s) (27" & under), # of _____
(Menus on TVs not to be included unless used for entertainment purposes as well) | <input type="checkbox"/> Board games |
| <input type="checkbox"/> Widescreen TV (larger than 27"), # of _____ | <input type="checkbox"/> Trivia |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Projector / Movie Picture Screen, # of _____ |
| <input type="checkbox"/> Automatic Amusement Device (AAD) / Coin operated Games (please fill out the AAD application) | <input type="checkbox"/> Other (please describe, use add'l sheets if necessary) |

PART 1: BUSINESS ORGANIZATION

1. Business Name (d/b/a): _____ 2. Business No.: () - _____
3. Business Address: _____
4. Attorney's Name: _____ 5. Attorney's No.: () - _____
6. Attorney's Address: _____
7. Attorney's Email: _____
8. The business for which this application is being filed is a: (please select)
 - ☐ Sole Proprietorship, Owner's name: _____
 - ☐ Partnership, Partners' name(s): _____
 - ☐ Limited Partnership, Partners' name(s): _____
 - ☐ Corporation, Corporation name: _____
(Please list the name and home address of each officer, director and each shareholder as well as the amount of stock in the corporation owned by each. If necessary, submit cover sheet.)
9. Employer Identification Number: _____
10. If new ownership, please indicate previous business name (d/b/a), owner and date you assumed possession: _____

PART II: MANAGER OF RECORD

Please provide the following information on the proposed manager of record:

1. Proposed Manager of Record*: _____
2. Home Address: _____
3. Email Address: _____
4. Work No.: (_____) - _____ 5. Cell No.: (_____) - _____
6. Date of Birth: _____ / _____ / _____ 8. Place of Birth: _____
9. Mother's Maiden Name: _____ 10. Father's Name: _____

11. WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAWS? ☐ Yes ☐ No

*** The same manager of record must be on the Alcohol Beverage or Common Victualler license.**

PART III: OPERATION

1. Proposed Capacity of Premise: _____
2. Number of Restrooms: _____
3. Number of Egresses (exits): _____
4. Hours of Operation on AB/CV License: _____
5. Proposed Hours of Entertainment: _____

Please provide a current copy of the following:

☐ **Inspection Certificate**

*Inspectional Services Department
1010 Massachusetts Avenue, 5th floor, Boston, MA 02118
(617) 635- 5300*

☐ **Place of Assembly Permit**

*Boston Fire Department – Fire Prevention Division
1010 Massachusetts Avenue, 4th floor, Boston, MA 02118
(617) 343-3772*

☐ **Business (d/b/a) Certificate**

*City Clerk's Office
1 City Hall Square, Rm. 601, Boston, MA 02201
(617) 635-4600*

☐ **Alcohol Beverage/Common Victualler
(AB/CV) License**

*Boston Licensing Board
1 City Hall Square, Rm. 809, Boston, MA 02201
(617) 635-4170*

☐ **Articles of Organization of the Corporation**

*Secretary of the Commonwealth – Corporations Division
1 Ashburton Place, Rm. 1717, Boston, MA 02108
(617) 727-9640*

PART IV: APPLICANT INFORMATION

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____ / _____ / _____

PRINT NAME: _____ RELATIONSHIP TO BUSINESS: _____

NO.: (_____) - _____ EMAIL: _____